

**2019 CONTRA COSTA COUNTY  
FIRE PROTECTION DISTRICT  
MONTHLY COBRA PREMIUMS  
FOR DENTAL PLANS**

**IAFF 1230**

**DEDUCTIONS EFFECTIVE JANUARY 1, 2019**

		<b>MONTHLY PREMIUM</b>	<b>ADMIN. FEE</b>	<b>TOTAL MONTHLY PREMIUM</b>
<b>DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM</b>				
For CCHP Alternate A Plan	Employee	\$44.17	\$0.88	\$45.05
	Employee + 1	\$99.49	\$1.99	\$101.48
	Family + 2 or more	\$99.49	\$1.99	\$101.48
For CalPERS Health Plans	Employee	\$44.17	\$0.88	\$45.05
	Employee + 1	\$99.49	\$1.99	\$101.48
	Family + 2 or more	\$99.49	\$1.99	\$101.48
Without a Health Plan	Employee	\$44.17	\$0.88	\$45.05
	Employee + 1	\$99.49	\$1.99	\$101.48
	Family + 2 or more	\$99.49	\$1.99	\$101.48
<b>DELTA CARE (HMO)</b>				
For CCHP Alternate A Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
For CalPERS Health Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$10.08	\$0.20	\$10.28
	Employee + 1	\$20.14	\$0.40	\$20.54
	Employee + 2 or more	\$32.44	\$0.65	\$33.09